

FEE TRANSMITTAL

Application Number 10/550,075
Filing Date
Inventor(s) Oleg Kolosov, et al.
Examiner Name
Attorney Docket Number SMX 6014.4 (2003-011CIP1 (PCT/US))

Art Unit 2877
Confirmation No. 6188

Applicant claims small entity status.

METHOD OF PAYMENT

The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 50-0496. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 50-0496.

Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. **BASIC FILING, SEARCH AND EXAMINATION FEES**
(Type: _____) Subtotal (1) \$ _____

2. **EXCESS CLAIM FEES**

Total Claims ____ - ____ (HP) = 0 x Fee ____ = \$0.00
Indep Claims ____ - ____ (HP) = 0 x Fee ____ = \$0.00
Multiple Dependent Claims Fee
(HP = highest number of claims paid for) Subtotal (2) \$0.00

3. **APPLICATION SIZE FEE**

Total Pages N/A - 100 = NaN ÷ 50 = 0 x \$ 0.00
(Application + Drawings) (round up to whole #)

Subtotal (3) \$0.00

4. **OTHER FEE(S)**

Fourth month extension of time
 Information disclosure statement
 37 CFR 1.17(q) processing fee
 Non-English specification
 Notice of Appeal
 Filing a brief in support of appeal
 Request for oral hearing
Other: Surcharge (\$130) as set forth in
37CFR1.492(h)

Subtotal (4) \$1720.00

TOTAL AMOUNT OF PAYMENT \$1720.00

Michael E. Godar

11/22/06

11/30/2006 3000501 N 00000003491645 10550075

Date Telephone: 314-231-5400

01 FC:1617 MEG/ 130.00 DA
02 FC:1254 1590.00 DA

By EFS